John Dennis is a drug expert. Or so he says. Anyway, it's all on page 6.

Inner workings at the Hospital

by John Norton

From the time Osceola began publication, the editors have received inquiries concerning the possibility of a story relating to conditions at the South Carolina State Hospital. Many of the inquiries came from employees of that institution. In every instance, the employees expresses anxiety over the lack of public knowledge about the operations of the hospital and generally expressed the feeling that the public was being misinformed about the quality of care currently available to the hospital's 5500 patients.

In an attempt to delve further into the situation, an Osceola editor invited three of the employees to participate in a forum interview to discuss their experiences. Although none of the employees could be classified as a "professional," each worked in a different patient area of the hospital, and each exhibited a considerable degree of understanding concerning the hospital's problems and inner workings. All three attended college prior to their employment, and each has worked at the facility for a year or more--one for almost three years.

One of the male interviewees was recently fired for refusing to confine a patient after being ordered to do so by a nurse. He is currently appealing his dismissal.

The employees' names have been changed, but as they have indicated in the interview, their comments will readily identify them to hospital officials.

Portions of the two-hour interview have been edited due to space limitations.

". . . I've never seen a psychologist or a psychiatrist unless it was in the cafeteria . . ."

OS: What does each of you do at the State Hospital?

RON: I'm a nursing assistant in Remotivation I.

MARY: I'm a nursing assistant also...in Remotivation I...I just transferred from Crafts-Farrow, which is the geriatrics branch of the mental health system.

OS: And you work in...?

DAVE: Activity therapy.

OS: And your full name is...? (Laughter) No, I won't use your names. It might screw you up.

DAVE: It doesn't matter...they'll know who I am if I'm in Activity Therapy.

OS: What I'd like to do is let the three of you talk about your experiences at State Hospital...like you were doing before we cut the mike on...you were talking about "Admissions-Exit...what's that?

DAVE: It's where patients first come to the hospital...they usually go there first for observation and they're either discharged from there or they're sent to other parts of the hospital.

RON: It's where they're supposed to have their initial diagnosis.

OS: So if you're coming in for the first time, whether you're rich or poor or whatever, this is the place you go?

RON: If you're rich you go to William S. Hall Psychiatric Center.

OS: What's the difference?

DAVE: William S. Hall is a training institute for psychiatrict personnel for the State of South Carolina.

OS: If you wanted to do a residency in psychiatry after you finished medical school, you go there then?

DAVE: Right...they also train clinical psychologists, psychiatric nurses...plus they've got a research branch there too...supposedly admission is based strictly on the needs of the institute...they keep admissions down...they keep a relatively static number of patients at any one given time. They try to keep staff levels as high as possible and patient levels down, and the whole idea is to create sort of an overall view of the types of mental illness...interesting stuff for the people to learn from.

RON: It's also...

DAVE: That's what it is on paper...

RON: It's also almost lily-white.

DAVE: Right...like I say, that's what it is on paper...

OS: Then from the standpoint of the patient, this is the best place to be?

DAVE: Sure...the patients get more treatment.

OS: More doctors per patient?

RON: A lot more...see, it's a lot different than that at State...like I said, I've been working there about a year and I've never seen a psychologist or a psychiatrist unless it was in the cafeteria eating lunch...

OS: Where do you work? Do you work in a place where you wouldn't expect to see psychologists and psychiatrists?

RON: I work on the patient wards. There's a medical doctor who comes in...he can write medicine for patients for ninety days at a time. He reviews their files...he doesn't talk to the patients; he just comes in and goes on the recommendations of the registered nurse on the ward as to...you know, if the nurse says this patient needs more medicine, or this patient needs to be transferred to another ward, the doctor will do it...he doesn't even know the patients...he very seldom talks to patients...he has to give them an annual physical which is...well, I've seen them do it in five or ten minutes.

OS: Now these patients are in "Remotivation II?" They've been there longer than the people in "Remotivation I"?

RON & DAVE: Yes...

OS: How do you move from I to II? I mean, are there any criteria? Is it done by the doctors?

RON: Well, usually its done by the amount of space they need. If they need a space up in the readmissions ward in Remotivation I...if they need some vacancies there, what they'll do is they'll create a vacancy somewhere else and this will go all the way down the line...it might go through four or

Continued on page 13